CLAIMS ONLY

Application Number	Filing Date
10722994	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5							55						
6							56						
7							57						
8	cancel						58						
9							59						
10							60						
11							61						
12	cancel						62						
13							63						
14		1					64						
15		1					65						
16		1					66						
17	cancel						67						
18	1						68						
19		1					69						
20		1					70						
21	1						71						
22		1					72						
23		1					73						
24	cancel						74						
25	1						75						
26	cancel						76						
27		1					77						
28		1					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	12						Total Depend						
Total Claims	16						Total Claims						